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# MEDICAID MEMO

**TO:** All In-State General Hospitals, Long Stay Hospitals, Long Stay Inpatient Mental Hospitals, Medical-Surgical Mental Health Retardation Facilities, Physicians, Nurse Practitioners, Podiatrists, Psychiatric Clinical Nurse Specialists, Ambulatory Surgical Centers, Renal Units, Health Department Clinics, Federally Qualified Health Centers, Rural Health Clinics, Independent Laboratories, Substance Abuse Clinics (FAMIS), Psychiatric Residential Inpatient Facilities, HMO Medallion II, Out-of-State Hospitals, Out-of-State Physicians, Out-of-State Laboratories, and Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services (DMAS)

**MEMO** Special

**DATE** 12/20/2005

**SUBJECT:** Monitoring Kidney Functions & the Classification Stages of Chronic Kidney Disease (CKD)

As directed by the 2005 General Assembly, DMAS is pleased to announce a new partnership with the Medical Advisory Board of the National Kidney Foundation of the Virginias (NKF-VAs), the Nephrology Division of the University of Virginia Health System, the Mid-Atlantic Nephrology Associates, the Virginia Primary Care Association (VPCA), and Anthem-WellPoint. The partnership is intended to help raise awareness among providers serving Virginia Medicaid beneficiaries about the health risks of chronic kidney disease (CKD) and to encourage the use of estimated glomerular filtration rate (eGFR) values.

According to the National Institutes of Health, 10 to 20 million Americans have kidney disease, and most are not aware of it. Since 1990, the number of Americans with kidney failure has doubled while the number of people starting dialysis or receiving a kidney transplant has increased by 50 percent. As a result, more than 400,000 Americans are currently being treated for kidney failure at a cost of \$25 billion annually. Approximately 7.4 million Americans have less than half the kidney functions of a normal adult, while 11.3 million Americans have persistent protein in their urine, which is an early symptom of kidney disease. Individuals with diabetes, hypertension, and/or a family history of kidney disease are at risk of developing the

disease. The elderly, African Americans, Latinos, Asians, and Pacific Islanders are at a higher risk of developing kidney disease.

Diabetes and hypertension are the two main causes of kidney disease. Both conditions can be effectively treated with appropriate lifestyle changes and medication, thereby delaying or even preventing the onset of the disease. There are no specific symptoms of the early stages of kidney disease. As a result, most patients only become aware of their condition after it has progressed to end stage renal disease, which is life-threatening. Unfortunately, when this occurs, they have already lost about 85 percent of their kidney functions.

To assist physicians and other health care professionals with classifying and monitoring patients who suffer from kidney disease, the National Kidney Foundation (NKF) recently revised the Kidney Disease Outcomes Quality Initiative (KDOQI) Clinical Practice Guidelines. The KDOQI guidelines classify patients into five disease stages based on their estimated glomerular filtration rate (eGFR) values (see Table 1). The eGFR is a measure of how well the patient's kidneys are filtering wastes from the blood. The eGFR is a more accurate level-of-kidney-function test than the traditional serum creatinine test. Because muscle mass and other person-specific factors (such as tubular secretion, generation, and extra-renal excretion of creatinine) can alter creatinine levels, a "normal" reading on the serum creatinine test may actually be misleading.

| <b>Table 1</b>   |                                    |   |
|--|------------------------------------|---|
| <b>New Classification Stages of Chronic Kidney Disease (CKD) and Estimated Glomerular Filtration Rate (eGFR) Values</b>  |                                    |   |
| <b>Stage</b>   | <b>Description</b>                 | <b>eGFR (mL/min/1.73 m<sup>2</sup>)</b> |
| CKD Stage 1  | Kidney damage with normal or ↑ GFR | ≥90                                     |
| CKD Stage 2  | Kidney damage with mild to ↓ GFR   | 60-89                                   |
| CKD Stage 3  | Moderate ↓ GFR                     | 30-59                                   |
| CKD Stage 4  | Severe ↓ GFR                       | 15-29                                   |
| CKD Stage 5  | Kidney Failure                     | <15 (or dialysis)                       |
| Source: National Kidney Foundation. Retrieved December 2, 2005 from <a href="http://www.kidney.org/professionals/kls/pdf/icd9codes.pdf">www.kidney.org/professionals/kls/pdf/icd9codes.pdf</a> |                                    |   |

The eGFR is estimated using a formula that considers the patient's serum creatinine level, age, race, and gender. Normal GFR varies according to age, sex, and body size. In young adults, it ranges between 120 to 130 mL/min/1.73m<sup>2</sup> and declines with age. A decrease in GFR precedes the onset of kidney failure. Thus, a persistently low GFR is a specific indication of CKD.

Patients with eGFR levels below 60 mL/min/1.73 m<sup>2</sup> may suffer from both kidney disease and cardiovascular disease.

The NKF recommends that individuals be tested annually to determine if they are at risk for kidney disease through the use of urine and blood tests. To determine a patient's level of kidney function, a physician can either request that the medical laboratory calculate the eGFR when performing a serum creatinine test or use the free calculator that is available on the National Institutes of Health website at [www.nkdep.nih.gov](http://www.nkdep.nih.gov).

To learn more about chronic kidney disease and the services and programs of the National Kidney Foundation of the Virginias, please call 1-804-288-8342 or visit the website at [www.kidneyva.org](http://www.kidneyva.org). The foundation's main office is located at 2601 Willard Road, Suite 103, Richmond, Virginia, 23294. Additional information can also be obtained by calling the National Kidney and Urologic Diseases Information Clearinghouse at 1-800-891-5390 or by visiting the National Kidney Disease Education Program's website at:

[www.nkdep.nih.gov/professionals/chronic\\_kidney\\_disease.htm](http://www.nkdep.nih.gov/professionals/chronic_kidney_disease.htm)

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the Provider Column to find Medicaid and SLH (State and Local Hospitalization Program) Provider Manuals or click on "Medicaid Memos to Providers" to view Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates requested.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

|                |   |
|----------------|---|
| 1-804-786-6273 | Richmond area and out-of-state long distance        |
| 1-800-552-8627 | All other areas (in-state, toll-free long distance) |

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-provider\\_newletter.asp](http://www.dmas.virginia.gov/pr-provider_newletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.